



STATE OF MAINE
MAINE REVENUE SERVICES
24 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0024

JANET E. WALDRON
COMMISSIONER OF
ADMINISTRATIVE & FINANCIAL
SERVICES

ANGUS S. KING, JR.
GOVERNOR

ANTHONY J. NEVES
STATE TAX ASSESSOR

**APPLICATION FOR SALE/USE TAX EXEMPTION CERTIFICATE
FOR AN INCORPORATED NONPROFIT PRIVATE RESIDENTIAL
CHILD CARING INSTITUTION**

Name of Corporation _____
Name of Child Caring Institution _____
Physical Location _____
Mailing Address _____

The statute reads, "Other institutions. Sales to incorporated private nonprofit residential child caring institutions, which are licensed by the Department of Behavioral and Developmental Services as child caring institutions. PL 1975, c. 293, §4 (amd)."

Is the child caring institution incorporated? Yes ____ No ____

Send a copy of the articles of incorporation

Has the child caring institution received 501(c) nonprofit status from the IRS? Yes ____ No ____

Send a copy of the IRS determination letter indicating 501(c) nonprofit status

IN ORDER TO PROCESS THE APPLICATION THE FOLLOWING MUST BE INCLUDED

1. Copy of the Articles of Incorporation, as well as a copy of the Constitution and/or By-law
2. Copy of the IRS determination letter indicating 501(c) nonprofit status
3. Copy of the license issued by the Department of Behavioral and Developmental Services.

I hereby certify that _____ is an incorporated nonprofit child caring institution. I therefore request that a sales/use tax exemption certificate be issued to the above organization pursuant to Title 36 MRSA 1760 (18-A).

Date: _____

Signature: _____

Tel: _____

Title: _____

Fed ID: _____

Date Facility Opened: _____

ST-R-07